

THE CIVIL RIGHTS QUESTIONNAIRE
(PLEASE TYPE OR PRINT LEGIBLY IN INK. YOU MAY USE ADDITIONAL
PAPER TO COMPLETE YOUR ANSWERS TO THE FOLLOWING QUESTIONS).

1. YOUR NAME AND ADDRESS

Home Phone:

Business Phone:

Fax:

2. NAME AND ADDRESS OF THE PERSON OR BUSINESS YOU ARE
COMPLAINING AGAINST.

Phone:

Fax:

3. PLEASE INDICATE WHICH OF THE FOLLOWING CATEGORIES APPLIES TO
YOUR COMPLAINT AGAINST THE PERSON OR BUSINESS LISTED IN #2
ABOVE. CIRCLE ALL AREAS THAT YOU BELIEVE APPLY TO YOUR
SITUATION.

A. Employment

- i. Race
- ii. Color
- iii. National Origin
- iv. Religion
- v. Sex/Gender (includes Pregnancy, Sexual harassment)
- vi. Age
- vii. Physical Disability
- viii. Retaliation

B. Housing

- i. Race
- ii. Color
- iii. National Origin
- iv. Religion
- v. Sex/Gender
- vi. Disability
- vii. Familial Status (Pregnant or children under age 18)
- viii. Retaliation

C. Public Accommodations

- i. Race
- ii. Color
- iii. Creed
- iv. National Origin
- v. Ancestry

D. Disabilities

E. Voting

4. WHEN DID THE ACT OR INCIDENT YOU ARE COMPLAINING ABOUT
TAKE PLACE? _____

First time: _____

Last time: _____

Continuous: (Yes or No.) _____

5. THOROUGHLY EXPLAIN WHAT HAPPENED TO YOU. STATE WHAT
HAPPENED, WHEN IT HAPPENED, THE NAMES OF PEOPLE INVOLVED,
NAMES OF WITNESSES, AND ANY OTHER INFORMATION. PLEASE TELL
YOUR STORY OF WHAT HAPPENED TO YOU FROM THE BEGINNING TO
THE END. ALSO, PLEASE ATTACH TO THIS QUESTIONNAIRE ANY
DOCUMENTS THAT WILL HELP EXPLAIN WHAT HAPPENED TO YOU.

6. HAVE YOU FILED A COMPLAINT WITH ANY OTHER FEDERAL, STATE OR
LOCAL AGENCY TO COMPLAIN ABOUT THIS DISCRIMINATION? IF THE
ANSWER IS YES, PLEASE STATE THE NAME AND ADDRESS OF THE
AGENCY.

7. DO YOU HAVE AN ATTORNEY? IF THE ANSWER IS YES, PLEASE TELL US
THE NAME AND ADDRESS OF YOUR ATTORNEY.